ORO MICH Wall Processing Section

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FORM D

**Notice of Exempt** Offering of Securities

# U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076 Expires: October 31, 2008

Estimated average burden hours per response: 4.00

	ons of fact constitute federal criminal v	riolations. See 18 U.S.C. 1001.
tem 1. Issuer's Identity  Name of Issuer		Entity Type (felent cost)
Fortress Credit Opportunities Fund (B) LP	Previous Name(s)	None Entity Type (Select one)  Corporation
Jurisdiction of Incorporation/Organization		Limited Partnership
Delaware		Limited Uability Company
Delawate		General Partnership
Year of Incorporation/Organization (Select one)		Business Trust Other (Specify)
Over Five Years Ago Within Last Five Years (specify year)	Yet to Be Formed	
(If more than one issuer is filing this notice, check this box	c 🔲 and identify additional issuer(s) b	y R Prim Jone 1 and 2 Continuation Page(s).)
Item 2. Principal Place of Business and Cont	act Information	CESSED
Street Address 1	Street Address 2	UCT 3 0 2000 X
1345 Avenue of the Americas, 46th Floor	71.	101400
City State/Prov	rince/Country ZIP/Postal Code	OMSON REUTERS
New York NY	10105	212-798-6100
tors 3. Related Research		
tem 3. Related Persons  Last Name Fin	rst Name	Middle Name
FCO Fund GP LLC	oc (value	
	Street Address 2	
Street Address 1	Street Address 2	
1345 Avenue of the Americas, 46th Floor		( ( 0 0 0 )
	nce/Country ZIP/Postal Code	
New York NY	10105	
Relationship(s): Executive Officer Director	Promoter	08063907
Clarification of Response (if Necessary) General Partn	er	
<del></del>		and attaching Item 3 Continuation Page(s).
tem 4. Industry Group (Select one)	. <del></del>	
Agriculture	Business Services	Construction
Banking and Financial Services  Commercial Banking	Energy  Clectric Utilities	REITS & Finance
Insurance	Energy Conservation	Residential
O Investing	Coal Mining	Other Real Estate
Investment Banking	Environmental Services	O Retailing
Pooled Investment Fund	Oil & Gas	Restaurants
If selecting this industry group, also select one fund type below and answer the question below:	Other Energy	Technology Computers
Hedge Fund	Health Care	Telecommunications
Private Equity Fund	Biotechnology     Health Insurance	Other Technology
Venture Capital Fund	Hospitals & Physcians	Travel
Other Investment Fund	Pharmaceuticals	Airlines & Airports
Is the issuer registered as an investment	Other Health Care	Lodging & Conventions
company under the Investment Company Act of 1940? Yes No	( Manufacturing	Tourism & Travel Services
Other Banking & Financial Services	Real Estate	Other Travel
A annual annual annual sections	Commercial	Other

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Item 5. Issuer Size (Select one)	
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	specifying "hedge" or "other investment" fund in
O No Revenues	OR No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1-\$5,000,000
O \$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
O \$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	S50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
Decline to Disclose	O Decline to Disclose
O Not Applicable	O Not Applicable
Item 6. Federal Exemptions and Exclusions Cl	laimed (Select all that apply)
	Investment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
Rule 505	Section 3(c)(5) Section 3(c)(13)
☐ Rule 506	Section 3(c)(6) Section 3(c)(14)
Securities Act Section 4(6)	Section 3(c)(7)
Item 7. Type of Filing	
New Notice OR	ent
Date of First Sale in this Offering: 10/10/2008	OR First Sale Yet to Occur
· · · · · · · · · · · · · · · · · · ·	_
Item 8. Duration of Offering	
Does the issuer intend this offering to last more tha	an one year? Yes 🔀 No
Item 9. Type(s) of Securities Offered (Select	ct all that apply)
⊠ Equity	Pooled Investment Fund Interests
☐ Debt	☐ Tenant-in-Common Securities
	☐ Mineral Property Securities
Option, Warrant or Other Right to Acquire Another Security	Other (Describe)
Security to be Acquired Upon Exercise of Option,	
Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busi transaction, such as a merger, acquisition or exchange off	
Clarification of Response (if Necessary)	
<u> </u>	

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Washington, DC 20549

Item 11. Minimum Investment					<u></u>		
Minimum investment accepted from any outside inves	stor \$ 5,0	000,000 subjec	t to deci	ease by FCC	O Fund GP	LLC, in its :	sole discret
Item 12. Sales Compensation							
Recipient	Re	ecipient CRD Nu	mber				_
					$\neg$ $\Box$ '	lo CRD Nun	nber
Associated) Broker or Dealer None	(A	Associated) Brok	er or Dea	ler CRD Num	ber		
					$\neg \neg$	lo CRD Num	iber
Street Address 1		eet Address 2					
			· <u> </u>				
City Sta	lte/Province/Cou	untry ZIP/P	ostal Cod	le			
States of Solicitation All States							
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	NM NY	" ■ New I	NOE	Шон∷	ok 📶	J OR EN	PA
□RI □SC □SD □TN □TX □	ןת □ער	□va [		□w	□wi [	]wr [	_ì pr
(Identify additional person(s) being paid	compensation b	by checking this	box 🗀	and attachin	g Item 12 C	ontinuation	Page(s).)
Item 13. Offering and Sales Amounts			_				
(a) Total Officing Amount \$ 133,149,36	i5			00			
(a) Total Offering Amount				OR	☐ Indefin	ite	
(b) Total Amount Sold \$ 133,149,36	5						
(c) Total Remaining to be Sold \$ 0				OR	☐ Indefin	·lea	
(Subtract (a) from (b))  Clarification of Response (if Necessary)					indem	nte	
Claimes and of the sports of the cessary)	···						
				<del>-</del>			
Item 14. Investors							
Check this box if securities in the offering have been			do not q	ualify as acci	edited inve	stors, and e	nter the
number of such non-accredited investors who already h	nave invested in	the offering:					
		•					
Enter the total number of investors who already have in	nvested in the of	ffering: 6					
Now 45 Color Commissions and Findams	F F		<u>-</u>				
Item 15. Sales Commissions and Finders'	rees Expen	ises		<u> </u>			
Provide separately the amounts of sales commissions at check the box next to the amount.	nd finders' fees o	expenses, if any	, If an ar	mount is not	known, prov	ride an estir	mate and
	Sales	s Commissions S	, 0			Estimate	2
Clarification of Response (if Necessary)		s Commissions S Finders' Fees S	0			Estimate	•
	<del></del>						
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Washington, DC 20549

### **Item 3 Continuation Page**

Last Name	First Name		Middle Name
Fortress Credit Opportunities Advisor	s LLC		
Street Address 1		Street Address 2	
1345 Avenue of the Americas, 46th Flo	oor		
City	State/Province/Country	ZIP/Postal Code	
New York	NY	10105	
Relationship(s): Executive Officer	☐ Director ☐ Promoter		
Clarification of Response (if Necessary)	lanager	·	
Last Name	First Name		Middle Name
	Tilstivanie	<u> </u>	- Wadde Harie
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	
Relationship(s): Executive Officer	☐ Director ☐ Promoter		
Clarification of Response (if Necessary)			
<del></del> - ·			
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	
<u></u>	3tate/Flovince/Country	ZIF/FOSIAI COGE	
	State/riovince/country	Zir/rostal Code	
Relationship(s): Executive Officer		ZIF/FOSTAI CODE	
		ZIF/FOSIAI CODE	
Relationship(s): Executive Officer		Zir/rostal Code	
Relationship(s): Executive Officer  Clarification of Response (if Necessary)	Director Promoter	ZIF/FOSIAI CODE	Middle Name
Relationship(s): Executive Officer		ZIFFOSIAI CODE	Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name	Director Promoter		Middle Name
Relationship(s): Executive Officer  Clarification of Response (if Necessary)	Director Promoter	Street Address 2	Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name  Street Address 1	Director Promoter  First Name	Street Address 2	Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name	Director Promoter		Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name  Street Address 1  City	First Name  State/Province/Country	Street Address 2	Middle Name
Relationship(s): Executive Officer  Clarification of Response (if Necessary)  Last Name  Street Address 1  City  Relationship(s): Executive Officer	Director Promoter  First Name	Street Address 2	Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name  Street Address 1  City	First Name  State/Province/Country	Street Address 2	Middle Name
Relationship(s): Executive Officer  Clarification of Response (if Necessary)  Last Name  Street Address 1  City  Relationship(s): Executive Officer	First Name  State/Province/Country	Street Address 2  ZIP/Postal Code	Middle Name  Middle Name  additional copies of this page as necessar

